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|--|----------|--------|-----------------------|--------|------------------------|--------|---|-------|-------------|-------|--------|-------|--------|
| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number | | Filing Date | | | | |
| | | | | | | | 10593944 | | | | | | |
| | | | | | | | Applicant(s) Laurent Caron | | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | 1 | | | | | 51 | | | | | |
| 2 | | 1 | | 1 | | | | 52 | | | | | |
| 3 | | 2 | | 1 | | | | 53 | | | | | |
| 4 | | 2 | | 1 | | | | 54 | | | | | |
| 5 | | 2 | | 1 | | | | 55 | | | | | |
| 6 | | (1) | | 1 | | | | 56 | | | | | |
| 7 | | (1) | | 1 | | | | 57 | | | | | |
| 8 | | (1) | | 1 | | | | 58 | | | | | |
| 9 | | (1) | | 1 | | | | 59 | | | | | |
| 10 | | (1) | | 1 | | | | 60 | | | | | |
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| 48 | | | | | | | | 98 | | | | | |
| 49 | | | | | | | | 99 | | | | | |
| 50 | | | | | | | | 100 | | | | | |
| Total Indep | 1 | | 1 | | 0 | | | | | | | | |
| Total Depend | 12 | ↙ | 9 | ↙ | 0 | ↙ | | | | | | | |
| Total Claims | 13 | | 10 | | 0 | | | | | | | | |